FILED
Jun 02, 2003 8:00 am
Secretary of State
05-05-2003 90716 043 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000110877

1. Entity Name
NATIONAL BUSINESS SERVICES, INC.

55045647

[redacted]

Principal Place of Business	Mailing Address
817 IRMA AVE. #1 ORLANDO, FL 32803	817 IRMA AVE. #1 ORLANDO, FL 32803

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
229 Oglethorpe Place		229 Oglethorpe Place	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Orlando, FL		City & State: Orlando, FL	
Zip: 32804	Country: US	Zip: 32804	Country: US

4. FEI Number 32-0036551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, RUSSELL
817 IRMA AVE.
#1
ORLANDO, FL 32803

7. Name and Address of New Registered Agent

Name: Shane Ramsey
Street Address (P.O. Box Number is Not Acceptable): 229 Oglethorpe Place
City: Orlando FL Zip Code: 32804

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] Shane Ramsey 4-26-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President NAME: Russell Taylor STREET ADDRESS: 817 Irma Ave. #1 CITY-ST-ZIP: Orlando, FL 32803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: Vice President NAME: Shane Ramsey STREET ADDRESS: 229 Oglethorpe Place CITY-ST-ZIP: Orlando, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Russ Taylor Russell Taylor 4-26-03 (407)648-5454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #